

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 04266/100M275-US1	
Application No.	Filing Date			Examiner	Art Unit
10/768,953-Conf. #4561	January 29, 2004			L. A. Royds	1614
Applicant(s): Amedeo Leonardi et al.					
Invention: TREATMENT OF NEUROMUSCULAR DYSFUNCTION OF THE LOWER URINARY TRACT WITH SELECTIVE MGLU5 ANTAGONISTS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate
Total Claims	65	- 65 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Credit any overpayment.					
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Anna D. DiGabriele Attorney/Agent Reg. No.: 59,933			Dated: April 2, 2007		
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 577-7654					
Express Mail Label No. _____ Dated: _____					